

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011494

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 749

Primary Registration District No. 1002

Registrar's No.

1919

STATE FILE NUMBER

FILED APR 4 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DOCUMENT
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	INSTEAD OF	SHOULD READ	BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF DECEASED <b>KANSAS CITY CONVALESCENT HOME: 3200 NORLEDGE</b>		d. STREET ADDRESS <b>NEW MARKET HOTEL 105 EAST 5th</b>	
3. NAME OF DECEASED (Type or print) First <b>EUGENE</b> Middle <b>Hiram</b> Last <b>BEAUZY</b>		4. DATE OF DEATH Month <b>3</b> Day <b>25</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>fireman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Helping Hand</b>	11. BIRTHPLACE (City and state or country) <b>Isaho Springs, Colo.</b>
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>7-5-17 to 2-15-19</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Public Administrator records K. C. Mo</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute coronary occlusion</b> DUE TO (b) <b>atherosclerosis</b> DUE TO (c) <b>thromb</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Secondary anemia</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>March 1960</b> to <b>death</b> and last saw her alive on <b>3-25-63</b> Death occurred at <b>12:15 P.M.</b> m on the date stated above, and to the best of my knowledge from the causes stated.		22a. SIGNATURE <b>S. I. Whim</b> (Signer or title)	
22b. ADDRESS <b>326 W 12th</b>		22c. DATE SIGNED <b>3-27-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>4-1-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cem.</b>	
24. FUNERAL DIRECTOR <b>WEILERT FUNERAL HOMES (S) K.C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-27-63</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John R. Edmon*

Licensed Embalmer No.

*4531*

P. O. Address

*Kansas City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.